PARTMENT OF HEALTH AND HUMAN SERVICES	,	FORM APPROVED OMB NO. 0938-0193
ALTH CARE FINANCING ADMINISTRATION TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-029	California
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2012	
DEPARTMENT OF HEALTH AND HUMAN SERVICES  TYPE OF PLAN MATERIAL (Check One):		
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	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	cn unenament)
Rection 1915(g) Social Security Act	a. FFY 2012	\$0
Section 1915(g) Social Security Act 42 CFR 440.169	b. FFY 2013	\$0
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBËR OF THE SUPE OR ATTACHMENT (If Applicab	
SUPPLEMENT 1b TO ATTACHMENT 3.1-A Page 1	SUPPLEMENT 1b TO ATTACHMENT 3.1-A Page 1	
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0. SUBJECT OF AMENDMENT:  Cargeted Case Management - Medically Fragile Individuals	•	•
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II GOVERNOR'S REVIEW (Check One):		
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